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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/460,605
Filing Date	12/14/1999
First Named Inventor	Discher
Group Art Unit	1615
Examiner Name	G. Kishore

Total Number of Pages in This Submission

Attorney Docket Number 22253-66093

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers
(for an Application) | <input type="checkbox"/> After Allowance Communication
to Group |
| <input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Drawing(s) – Figs. | <input type="checkbox"/> Appeal Communication to
Board of Appeals and
Interferences |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to
Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Petition to Convert to a
Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Certified Copy of Priority
Document(s) | <input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence
Address | <input checked="" type="checkbox"/> Other Enclosure(s)
(please identify below):
RCE; check for \$430.00 |
| <input type="checkbox"/> Response to Missing Parts/
Incomplete Application
<input type="checkbox"/> Response to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Terminal Disclaimer | |
| | <input type="checkbox"/> Request for Refund | |
| | <input type="checkbox"/> CD, Number of CD(s) | |

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Evelyn H. McConathy, Reg. No. 35,279
Signature	<i>Evelyn H. McConathy</i>
Date	July 21, 2003

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Express Mail Label No. EV222867552US in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: July 21, 2003.

Typed or printed name Michelle D. Sebastian

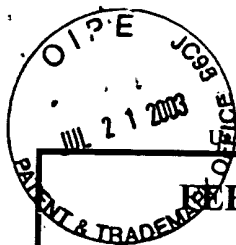
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Date: July 21, 2003

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**FREE TRANSMITTAL
for FY 2003**

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$0.00)**METHOD OF PAYMENT** (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit Account Number **50-0979**Deposit Account Name **Dilworth Paxson LLP**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee required under 37 CFR 1.16 and 1.17☐ Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	\$
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					\$

2. EXTRA CLAIMS FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid
Total Claims	*	-20**	=	0	X	
Independent Claims	*	- 3**	=	0	X	\$ 0
Multiple Independent			+	280/140=		\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee Code	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730

Complete (if applicable)

Name (Print/Type)	Evelyn H. McConathy	Registration No. (Attorney/Agent)	35,279	Telephone	(215) 575-7000
Signature	Evelyn H. McConathy	Date	July 21, 2003		

Complete if known

Application Number **09/460,605**Filing Date **12/14/1999**First Named Inventor **Discher**Examiner Name **G. Kishore**Group Art Unit **1615**Attorney Docket No. **22253-66093**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130			Non-English specification	
1812	2,520			For filing a request for <i>ex parte</i> reexamination	
1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1,840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	55
1252	410	2252	205	Extension for reply within second month	
1253	930	2253	465	Extension for reply within third month	
1254	1,450	2254	725	Extension for reply within fourth month	
1255	1,970	2255	985	Extension for reply within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510			Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,300	2453	650	Petition to revive - unintentional	
1501	1,300	2501	650	Utility issue fee (or reissue)	
1502	470	2502	235	Design issue fee	
1503	630	2503	315	Plant issue fee	
1460	130			Petition to the Commissioner	
1807	50			Processing fee under 37 CFR 1.17(q)	
1806	180			Submission of Information Disclosure Stmt	
8021	40			Recording each patent assignment per property (times number of properties)	
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375	Request for Continued Examination (RCE)	375
1802	900			Request for expedited examination of a design application	
Other fee (specify)					

Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$430